

BUREAU OF RADIOLOGICAL HEALTH
IOWA DEPARTMENT OF PUBLIC HEALTH
LUCAS STATE OFFICE BUILDING, 5TH FLOOR
321 E. 12th Street
DES MOINES, IOWA 50319

Test date:

Seat #:

APPLICATION FOR INDUSTRIAL RADIOGRAPHY EXAMINATION

**** PLEASE TYPE OR PRINT LEGIBLY ****

Submit the completed signed application and the \$175.00 non-refundable fee payable to Iowa Department of Public Health in accordance with Chapter 38.8(3) of IDPH Radiation Machines and Radioactive Materials Rules.

| | |
|---------------------------|---------------|
| Name: Last, First, Middle | |
| Social Security Number *: | Date of Birth |

| | |
|---------------------------------|-------|
| Home address: Street (Apt. No.) | |
| City, State, Zip Code | |
| Contact number: Cell: | Work: |
| Email address: | |

| | |
|--|---|
| Type of Examination: (Copy of radiographer card needs to be submitted for renewal) <input type="checkbox"/> Initial <input type="checkbox"/> Re-Examination <input type="checkbox"/> Renewal Card No.: _____ Expiration Date: _____ | Category of Examination: (Check One) <input type="checkbox"/> 1 - Radioactive Material Only (RAM) <input type="checkbox"/> 2 - X-Ray Machines Only <input type="checkbox"/> 3 - Both (RAM and X-Ray) |
| Preferred test date: | Alternate test date: |

| | |
|--|----------------------|
| I certify that the information contained above is true and correct to the best of my knowledge and that I have completed the requirements as set forth in IAC 641-45.1(10)"a"(1) and 641-45.1(10)"b"(1). | |
| _____ Signature of Applicant | _____ Date |

***Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

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| Present Employer: (If Applicable) Name: | |
| Mailing address: | |
| City, State, Zip Code: | |
| RSO Name, telephone number: | |
| Business License/Registration No: | Mail Results/ID Card to: <input type="checkbox"/> Residence <input type="checkbox"/> Employer |
| <input type="checkbox"/> The above individual has been instructed in the subjects outlined in IDPH Radiation Machines and Radioactive Materials Rules - Chapter 45, Appendix A, Sections I, II, and III (or equivalent). IDPH, other Agreement State or the US Nuclear Regulatory Commission approved both the instructor and the course of instruction. | |
| <input type="checkbox"/> The above individual has completed the required on-the-job training hours for the respective exam category in accordance with Chapter 45.1(10)"b"(1). | |
| <input type="checkbox"/> The individual listed above has met the requirements for radiographer trainer as indicated in 641-45.1(10)"c" and is authorized to receive a trainer card. | |
| <p>For initial industrial radiography examinations, the training requirements outlined in boxes 1 and 2 must be completed prior to applying for and taking the examination.</p> <p>I certify that the information contained above is true and correct to the best of my knowledge.</p> | |
| _____ Signature of Radiation Safety Officer | _____ Date |

| FOR AGENCY USE ONLY | |
|---|--------------------------------------|
| Photo ID: | |
| <input type="checkbox"/> Iowa Driver's License | <input type="checkbox"/> Other _____ |
| Card No.: _____ | Expiration Date: _____ |
| <input type="checkbox"/> Prior Approval from Agency after suspension or revocation of ID Card. Initials: _____ | |

| | |
|---|--|
| Examination Date: _____ Examination Code No.: _____ Final Grade: _____ Identification No.: _____ Expiration Date: _____ | Date ID Card Mailed: _____ Date Results Mailed: _____ |
|---|--|

| | |
|----------------------------|---------------|
| _____ Proctor Signature | _____ Date |
|----------------------------|---------------|